

Medicare Advantage PFFS Medicare Advantage in Erie County 2014					
TYPE OF MEDICAL SERVICE	ORIGINAL MEDICARE	Universal American 1-866-422-1967			
		Todays Options Premier 350B		Todays Options Premier 150A	
PREMIUMS	\$104.90	\$34.00		\$85.00	
		In Network	Out of Network	In Network	Out of Network
PCP Visits	20%**	\$10	\$25	\$10	\$25
Routine Physical Exams	Welcome to Medicare only (1first 6 months)	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$35	\$60	\$25	\$30
Outpatient Mental Health	20%	\$40	20%	\$30	20%
Outpatient Substance Abuse	20%**	\$40	20%	\$30	20%
Outpatient Surgery	20% **	Ambul- \$150 Hosp- \$300	20%	Ambul- \$75 Hosp- \$150	20%
Emergency Care	20% **	\$65 waived if admitted		\$65- waived if admitted	
Urgent Care	20% **	\$35		\$35	
Ambulance Services	20% **	\$150		\$150	
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%
Prosthetic Devices	20% **	20%	20%	20%	20%
X Rays	20% **	\$15	20%	\$15	20%
Lab Services	\$0	\$0	20%	\$0	20%
Radiation Therapy	20%	20%	20%	20%	20%
Diagnostic Radiation	20%	20%	20%	20%	20%
Chiropractic Care	limited coverage 20% **	\$20	20%	\$20	20%
Medically Necessary Foot Care	limited coverage 20% **	\$50	20%	\$35	20%
Routine Foot Care	NOT COVERED	NA	NA	NA	NA
P.T.,O.T. and Speech Therapy	20% **	\$40	20%	\$15	20%
Cardiac rehab	20%	\$40	20%	\$15	20%
Dialysis	20%	\$30	20%	20%	20%

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PREMIUMS	\$104.90	\$34.00		\$85.00	
		In Network	Out of Network	In Network	Out of Network
Inpatient Hospital	\$1,260 deductible	Days 1-5 \$295/ day 6-90 \$0/ day	Days 1-7 \$300/ day 8-90 \$0/ day	\$350 per stay	Days 1-7 \$250 / day Days 8+ \$0/ day
Inpatient Mental Health*	\$1,260 deductible	Days 1-5 \$295/ day 6-90 \$0/ day	Days 1-7 \$300/ day 8- 190 \$0/ day	\$350 per stay	Days 1-7 \$250/ day 6-190 \$0/ day
Skilled Nursing Facility	\$0 days 1-20, \$152 days 21-100	Days 1-20 \$0 / day Days 21- 100 \$150/ day	Days 1- 10 \$0/ day Days 11-100 \$200/ day	Days 1-20 \$0 / day Days 21-100 \$75/ day	Days 1-20 \$0 / day Days 21-100 \$150/ day
Home Health Care	\$0	\$0	20%	\$0	20%
Mammograms	20%	\$0	20%	\$0	\$0
Bone Mass Measurement	20% **	\$0	20%	\$0	\$0
Colorectal Screening Exams	\$0 to 20%**	\$0	20%	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0	20%	\$0	\$0
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B 20%, Part D \$5, \$12, \$45, \$95, 29%		Part B 20% Part D \$2, \$7, \$40, \$80,33%	
Vision services	20% + for 1 pair glasses/frames/ contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Medicare covered exams \$0 (1) supplemental exam \$20 cataract glasses/ lenses / out of network 20%		\$0 Medicare covered exams (1) supplemental exam \$20 cataract glasses/ lenses/ out of network 20%	
Hearing Services	20%	Exams, Treat, Diagnose- \$20	Exams, Treat, Diagnose- 20%	Exams, Treat, Diagnose- \$20	Exams, Treat, Diagnose- 20%
Diabetic training and supplies	20%	\$0 Training 0%- 20% supplies, shoes or inserts	\$0 Training 0%- 20% supplies, shoes or inserts	\$0 Training 0%- 20% supplies, shoes or inserts	\$0 Training 0%- 20% supplies, shoes or inserts
Dental Coverage	limited coverage	Limited Services - \$35	Limited services- \$60	Limited Services - \$25	Limited services- \$35

Max out of Pocket		\$6,700		\$5,400	

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		Todays Options Premier 200		Todays Options Premier100	
PREMIUMS	\$104.90	\$0.00		\$25.00	
		In network	Out of Network	In Network	Out of Network
PCP Visits	20%**	\$0	\$10	\$0	\$10
Routine Physical Exams	Welcome to Medicare only (1first 6 months)	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$30	\$50	\$25	\$35
Outpatient Mental Health	20%	\$40	20%	\$30	20%
Outpatient Substance Abuse	20%**	\$40	20%	\$30	20%
Outpatient Surgery	20% **	Ambul- \$150 Hosp- \$200	Ambul-20% Hosp- 20%	Ambul- \$75 Hosp- \$150	Ambul-20% Hosp- 20%
Emergency Care	20% **	\$65 Waived if admitted		\$65 waived if admitted	
Urgent Care	20% **	\$35		\$35	
Ambulance Services	20% **	\$150		\$150	
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	20%	20%	20%	20%
Prosthetic Devices	20% **	20%	20%	20%	20%
X Rays	20% **	\$15	20%	\$15	20%
Lab Services	\$0	\$0	20%	\$0	20%
Radiation Therapy	20%	20%	20%	20%	20%
Diagnostic Radiation	20%	0- 20%	0- 20%	0- 20%	0- 20%
Chiropractic Care	limited coverage 20% **	\$20	20%	\$20	20%
Medically Necessary Foot Care	limited coverage 20% **	\$45	20%	\$35	20%
Routine Foot Care	NOT COVERED	NA	NA	NA	NA
P.T.,O.T. and Speech Therapy	20% **	\$35	20%	\$15	20%
Cardiac Rehab	20%	\$35	20%	\$15	20%
Dialysis	20%	20%	20%	20%	20%

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		Todays Options Premier 200		Todays Options Premier100	
PREMIUMS	\$104.90	\$0.00		\$25.00	
		In Network	Out of Network	In Network	Out of Network
Inpatient Hospital	1260	Days 1-6 \$235/ day Days 7-90- \$0/ day	Days 1-7 \$300/ day Days 8+ \$0/ day	\$350 Each stay	Days 1-7 \$250/ day
Inpatient Mental Health*	1260	Days 1-6 \$235/ day Days 7-90- \$0/ day	Days 1-7 \$300/ day Days 8- 90 \$0/ day	\$350 Each stay	Days 1-7 \$250/ day Days 8-190 \$0/ day
Skilled Nursing Facility	\$0 days 1-20, \$157.60 days 21-100	Days 1-20 \$0/ day Days 21- 100 \$100/ day	Days 1-20 \$0/ day Days 21- 100 \$150/ day	Days 1-20 \$ 0/ day Days 21- 100 \$75/ day	Days 1-20 \$0/ day Days 21- 100 \$150/ day
Home Health Care	\$0	\$0	20%	\$0	20%
Mammograms	20%	\$0	20%	\$0	20%
Bone Mass Measurement	20% **	\$0	20%	\$0	20%
Colorectal Screening Exams	\$0 to 20%**	\$0	20%	\$0	20%
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0	20%	\$0	20%
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B - 20% No Part D		Part B - 20% No Part D	
Vision services	20% + for 1 pair glasses/frames/contact lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0 Medicare covered exams \$20(1) supplemental exam \$20 cataract glasses/ lenses out of Network 20%		\$0 Medicare covered exams \$20(1) supplemental exam cataract glasses/ lenses/ out of Network 20%	
Hearing Services	20%	Exams, Treat, Diagnose- \$20	Exams, Treat, Diagnose- 20%	Exams, Treat, Diagnose- \$20	Exams, Treat, Diagnose- 20%
Diabetic training and supplies	20%	\$0 Training 0%- 20% supplies, shoes or inserts	\$0 Training 0%- 20% supplies, shoes or inserts	\$0 Training 0%- 20% supplies, shoes or inserts	\$0 Training 0%- 20% supplies, shoes or inserts
Dental Coverage	limited coverage	Limited Services- \$30	Limited Services- \$50	Limited Services- \$25	Limited Services- \$35

Max out of Pocket	\$4,400	\$ 6,000	\$ 3,400	\$3,400